



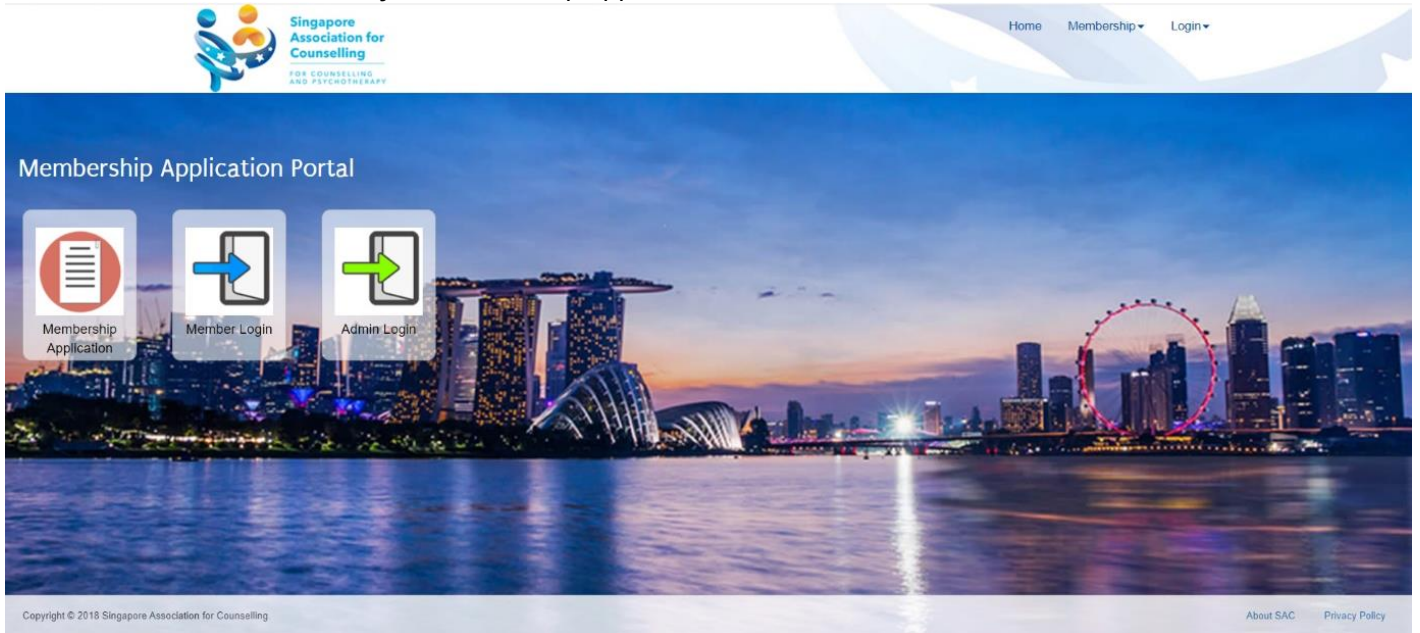
Singapore Association for Counselling

FOR COUNSELLING AND PSYCHOTHERAPY

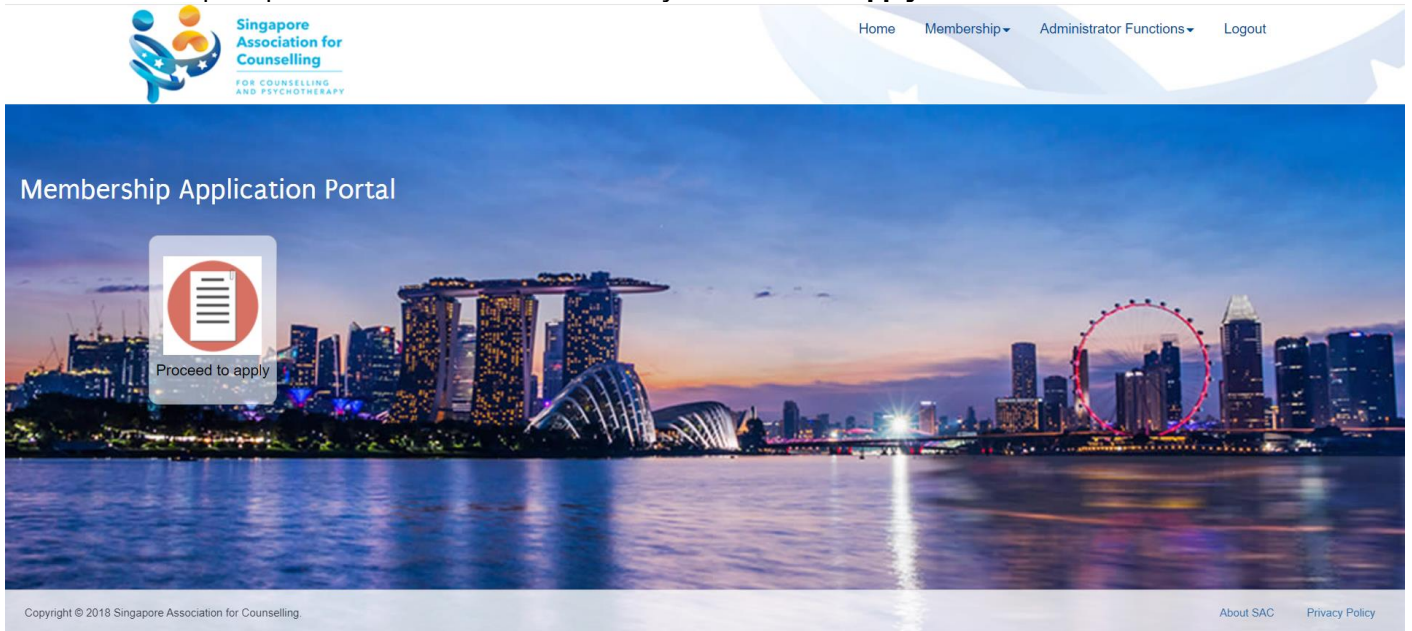
Application Guide

Singapore Association for Counselling
c/o Work Central Offices Pte Ltd
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#06-01 Singapore Shopping Centre
Singapore 239924
Tel: +65 6708 8292
Email: admin@sacsingapore.org
Website: www.sacsingapore.org
UEN No.: S83SS0024D

To start the application for renewal, please follow this link: <https://member.sacsingapore.org/#/signup/intro>. Then click on the first button that says, "Membership Application".



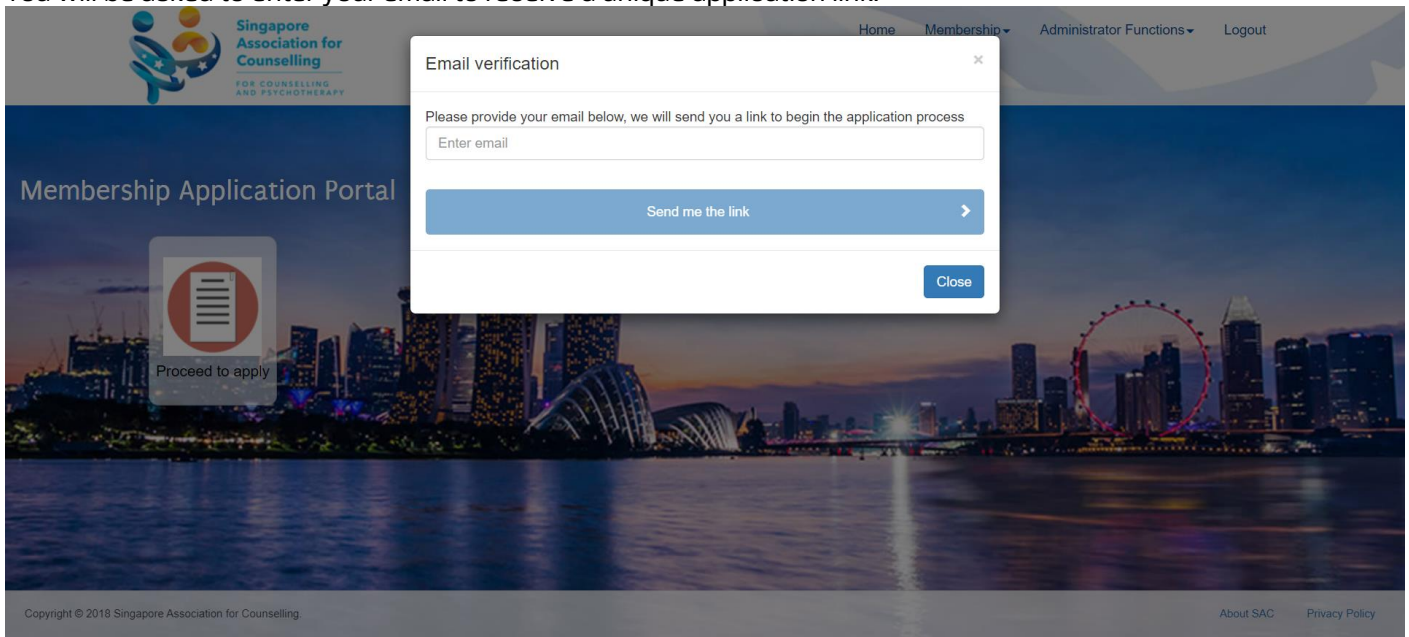
You will then be prompted with another button that says, "Proceed to apply".





Application Guide

You will be asked to enter your email to receive a unique application link.




You will be required to fill in the following sections:

1) Personal Information

a. Please remember to select your intended membership category type

SAC Membership Application Form

Personal Information

Name (as it appears on NRIC/Passport/FIN)*	Title <input type="text"/>	Name <input type="text"/>	
NRIC/FIN NO* (last 3 numeral digit and letter)	<input type="text"/>	<input type="text"/>	
Local Residential Address*	<input type="text"/>		<small>Photo (jpg, gif, png) Max 5M Size: 225 x 175 pixel</small> <input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
	Suburb <input type="text"/>	Postal/Zip Code <input type="text"/>	
Overseas Address, if applicable	<input type="text"/>		
	City/Town/Suburb <input type="text"/>	State/Province <input type="text"/>	
	Country <input type="text"/>	Postal/Zip Code <input type="text"/>	
Nationality*	Nationality <input type="text"/>	Date of birth*	<input type="text"/>
		Gender*	Gender <input type="text"/>
Ethnicity*	Ethnicity <input type="text"/>	Marital Status*	Marital Status <input type="text"/>
Mobile No*	<input type="text"/>	Office No	<input type="text"/>
Home No	<input type="text"/>	Personal Email	<input type="text"/>
Primary Place of Employment*	<input type="text"/>		
Select type of membership to apply*	Select a category <input type="text"/>		



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2) Educational Background

- Please enter the name of institution/university, year graduated, qualification obtained and number of practicum hours
- Click the **green checkbox**.
- You will see a paperclip icon. Please use this function to attach the transcript and certificate (in PDF).
- Please ensure that the file size **does not exceed 5MB**.

Educational Background

Name of institution/university	Year Graduated	Qualification obtained	Practicum hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input checked="" type="checkbox"/>

3) Training in Counselling

- Please enter the name of institution/university, year graduated, qualification obtained.
- Click the **green checkbox**.
- You will see a paperclip icon. Please use this function to attach the necessary supporting documentation (in PDF).
- Please ensure that the file size **does not exceed 5MB**.

Training in Counselling

Name of institution/university	Year Graduated	Qualification obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input checked="" type="checkbox"/>

4) Employment

- Please enter the Date Joined (DD/MM/YYYY), Date Left (DD/MM/YYYY), Name of Organisation, Department, Position Held.
- Click the **green checkbox**.
- You will see a paperclip icon. Please use this function to attach the letter of employment (in PDF).
- Please ensure that the file size **does not exceed 5MB**.
- If you are presently employed, please leave the "Date Left" section blank/empty.

Employment

Present and immediate past two places of work

Date Joined	Date Left	Name of Organisation	Department	Position held
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input checked="" type="checkbox"/>



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5) Current Professional Involvement

- Fill in this section if you are currently involved with any other professional associations/boards/volunteer work.
- If not, please skip this section and proceed to the next.
- Please indicate **only numeric characters** under the "Year From" and "Year To" columns.

Current Professional Involvement

Eg Boards, Academic Faculty etc

Year from	Year to	Name of Organisation	Position held	Remarks	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>

6) Clinical Practice Log

- For Provisional Clinical Member (PCM) applications, if you graduated from an SAC Recognised Programme, please upload your official transcript and certificate.
- Otherwise, please attach your practicum log books plus transcript and certificate.
- Enter the Year + Type of Clinical Hours + No. of Hours
- Click the **green checkbox**.
- You will see a paperclip icon. Please use this function to attach the documents (in PDF).
- Please ensure that the file size **does not exceed 5MB**.

Clinical Practice Log

Min 100 hours face-to-face counselling
Click [here](#) to download "Counselling Practice Log Sheet"

Year	Type	No. of hours	
<input type="text"/>	Form of clinical hours	<input type="text"/>	<input checked="" type="checkbox"/>

7) Clinical Supervision Received

- For Provisional Clinical Member (PCM) applications, if you graduated from an SAC Recognised Programme, please upload your official transcript and certificate.
- Otherwise, please attach your practicum log books plus transcript and certificate
- Enter the Year + No. of Hours
- Click the **green checkbox**.
- You will see a paperclip icon. Please use this function to attach the documents (in PDF).
- Please ensure that the file size **does not exceed 5MB**.

Clinical Supervision Received

Min 10 hours of Clinical Supervision
Click [here](#) to download "Clinical Supervision Log Sheet"

Year	No. of hours	
<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>



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8) Character Referees

- Please provide two (2) character referees to endorse your application.
- It is good practice to inform your character referees to expect an email from support@sacsingapore.org in case our emails might have landed up in the spam/junk folder by mistake.

Character Referees*

Please provide 2 referees

Name	Company Name	Title	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9) Professional Indemnity Insurance (if applicable)

- This is applicable for Provisional Clinical Members and above.

Professional Indemnity Insurance Exemption (Optional)

In accordance to the provisions of Article 5.5.1 of the SAC Constitution, i hereby declare that:

- I want to be included in SAC Group Professional Indemnity Insurance
- I hereby wish to seek exemption because:-
My employer/organisation covers me for the professional indemnity insurance.
I understand that in the event of the change of employer indicated above, this declaration shall cease to take effect and it is my responsibility to inform SAC accordingly.
- I do not need Professional Indemnity Insurance.

10) Payment

- Payment of a one-time admin fee of \$50.00 is applicable.
- This fee is non-refundable, and it separate from the membership fee which will be invoiced once the application has been processed and approved.

Payment

A one-time admin fee of \$50 is applicable to new member

- I attached my cheque no, payable to "Singapore Association for Counselling"
-
- Please indicate your name, contact details at the back of your cheque and mail to "Singapore Association for Counselling, 190 Clemenceau Ave #06-01 Singapore 239924"
Attention : Finance Dept"
- I have made an internet bank transfer of \$50.00 to :-
SAC bank account: **DBS Autosave Account No. 010-013101-4**
Note: When making the bank transfer by Internet banking, please quote: [your name] and the words "MemApplFee". Please do not use the remitter's name
Transaction number
-



11) Declaration and Consent

Declaration and Consent

- By clicking on this consent box, I hereby declare and confirm that all information and supporting documents provided by me in connection with this membership application are true, accurate and complete. I understand that it will be necessary for SAC to verify my identity and that SAC may contact me for more detailed information in order to locate the personal data requested and I consent to the collection, use and disclosure of the personal data that I have provided in this application.
- By clicking this consent box, I declare my intention in working towards registration on the SAC Register of Counsellors.

Save

Submit

Print

Once you are done, click on the checkbox to declare and confirm that the information and supporting documents provided by you are true, accurate, and complete. Then click, "**SUBMIT**".

The first round of review will be done by the SAC secretariat to ensure that all the documents are in place before the application will be submitted to the Register Board for evaluation at the monthly meeting. Once the Register Board approves, it will then be tabled for official approval before the EXCO. Generally, it takes on average about 1 – 2 months to obtain approval.

Once the approval is completed, you should receive an in-principle approval email from admin@sacsingapore.org and a payment invoice from finance@sacsingapore.org within fourteen (14) working days. **Please let us know if there are any errors to the invoice prior to payment.** Payment **must** be made in order to receive the approval letter and/or certificate.